

# CIMOR EMT – Community Event Report Form – ADA/CPS

## *Form Instructions*

The following instructions will serve as a guide in completing the EMT – Community Event Report Form for ADA/CPS. The form must be filled in completely. The numbers in the list below correspond to the numbered sections on the form. All events described in section 7 of the form are required to be reported to DMH for entry into the EMT system.

### **To be completed by any staff:**

**Division** – Check the appropriate box for the division that should receive the report form. This should be the division that is funding the client’s services at the time the event occurred.

1. **Event Date and Time** – Fill in the date and time the event you are reporting occurred. If this is unknown, you can leave section 1 blank but must then complete section 2.
2. **Discovery Date and Time** – Fill in this box if the date you discovered the event is different than the event date or if the event date is not known.
3. **Event Location or where discovered** – Write in the name of the location where the event occurred. This could be the agency name if that was the event location or another location entirely. The key is where the event occurred.
4. **Name of Provider Agency/Organization involved in report and Vendor Number** -- Fill in the name of the provider or organization involved in the event. *You must also enter the vendor # for this provider.*
5. **Event Category** – Check the box next to either Incident or Medication Error.  
Reportable “Incidents” include deaths (including within 30 days of discharge); Injury resulting in hospitalization; Elopement from DMH funded services that raise reasonable concern for the safety of the consumer or others or a concern the consumer will not return. (For ADA this only applies to adolescents and involuntary commitments); and any allegation of abuse, neglect, or misuse of property.  
Reportable “Medication Errors” include those that fit the definition of moderate or serious medication errors. Minimal errors resulting in no known harm beyond monitoring and observation need not be reported to DMH.
6. **Program Category Pertinent to Event** – Check the box(es) next to the appropriate program category in which the involved consumer was participating in when the event occurred. If you checked ADA at the top of the form, you should check either “Adult” or “Adolescent” in the ADA section of the program category and then the appropriate specific program. You may check multiple programs if more than one program was pertinent to the event being reported. Likewise if you checked CPS at the top of the form, select the appropriate boxes in the CPS part of section 6.

7. **Reportable Event** – Check the box(es) that define the event being reported. You may check more than one if more than one applies. If the event type is a medication error, be sure to also check the Severity and Medication Error Category.
8. **Persons Involved** – Please print the names of each person involved in the event you are reporting and also fill in the names of all other people who may have knowledge about the event. If there were multiple clients involved in the event you can list them all on one event form, unless more than one client was injured or more than one set of notifications had to be made -- in such an instance multiple forms will have to be completed to accurately report all of the pertinent information. Beside each name you have printed, also print in the relationship column either consumer, parent, guardian, staff, witness, visitor, volunteer or other. (If you use other also specify what the relationship is.) In the next column – “Role” – write complainant (someone making an allegation), perpetrator, victim, witness, or other (and again specify what is meant by other.) It is understood that “perpetrator” and “victim” are only alleged at this point in the process. For all consumers listed also write in the DMH State ID and the date of last service – even if the date is today.
9. **Injury Type** -- Check the box that appropriately classifies the type of injury, as alleged. If there are multiple consumer names listed in “persons involved”, please circle the name of the consumer that was injured. If there was no known injury, sections 9, 10, and 11 should be left blank.
10. **Injury Description** – If there was an injury, check the box(es) next to all of the descriptions that apply.
11. **Injured Body Parts** – If there was an injury, check the box(es) next to all of the physical locations of the injury or injuries and circle the R or L (for right or left) as appropriate.
12. **Notified** – Check the box next to the type of notification and then fill in names of each person notified about the event you are reporting. Fill in the date and time they were notified.
13. **Event Description** – Write a description of the event. Include all relevant details such as interventions used and other details that are necessary for the reader of this report to understand what occurred. Attach additional pages if necessary.
14. **Immediate Action Taken by Agency to Prevent Reoccurrence** – This should only be completed by agency management, and only if immediate action was required. The text part of this section may be blank if it is not known at the time of the incident report. However, if the event is a death report, the appropriate box should always be checked for suspected manner of death and for if an autopsy is being performed. If yes, then print the name of the Coroner / Medical Examiner.
15. **Reporter’s Name, Phone Number, Employer** – Sign and **print** the name of the person making the report about the event (your own name), and enter the reporter’s phone #, and the name of the reporter’s employer. Then print the date and time that you signed the report.
16. **To be completed by DMH staff** – leave this blank and fax the completed form to the appropriate DMH office.